

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		6-24-99
O.I.P.E. CLASSIFIER		25	06-30-99
FORMALITY REVIEW	FF DMK	55334 62169	7-12-99 9-22-99

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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